

RETURN TO:
SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

QUALIFICATION
FAMILY FARM AND AUTHORIZED FARM
LIMITED LIABILITY COMPANIES
No Filing Fee

Pursuant to the provisions of the Family Farm Act of 1974, SDCL 47-9A the following report is filed in order to qualify to engage in farming as defined under the terms of said Act.

1. The name of the Limited Liability Company is _____

2. The state of its organization is _____

3. The address of the registered office and the name of the registered agent in South Dakota is _____
_____ Zip+4 _____

4. If a foreign Limited Liability Company, the address of its principal office or registered office in its state of organization is _____
_____ Zip+4 _____

5. List the acreage and location by section, township and county of each lot or parcel of land in this state owned or leased by the Limited Liability Company and used for the growing of crops or the keeping or feeding of poultry or livestock:

6. The names, addresses and title of the members and/or manager(s).

Name	Title	Street Address	City	State	Zip +4
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. Please check which applies to this Limited Liability Company: FAMILY FARM _____ AUTHORIZED FARM _____

(A) Applies to a FAMILY FARM (SDCL 47-9A-14) The number of membership interests owned by person(s) residing on the farm or actively engaged in farming, or their relatives within the third degree of kindred, or who has resided on or has actively operated the farm is _____. Degree of kindred is defined as the number of generations with each generation being a degree(SDCL 29-1-10)..

OR

The number of membership interests owned by resident members who are family farmers and are actively engaged in farming as their primary economic activity is _____.

(B) Applies only to AUTHORIZED FARM (SDCL 47-9A-15) The percentage of gross receipts of the Limited Liability Company derived from rent, royalties, dividends, interest and annuities is _____ % . (Must not exceed 20% of its gross receipts).

(C) The name, address and number of membership interests owned by each member:

Name	Address	Degree of Kindred	Membership Interest
(Total)			

Dated _____.

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, 20____, before me, _____

personally appeared _____, known to me, or proved to me,

to be the _____ of the corporation that is described in and that executed the within

instrument and acknowledged to me that such corporation executed the same.

My Commission Expires

(Notary Public)

(Notarial Seal)